**MT DNRC**

***Critical Incident Management Protocol APPENDICES***



***May 2022***

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# Appendix A – Family Liaison Resources

**Counseling Services**

DNRC can provide Employee Assistance Program (EAP) services to our employees and family members. Professional counselors are available to help resolve issues related to work and personal lives.

In the event of a critical incident in the workplace, the EAP can be a valuable resource in many ways and should be notified of the incident immediately. Immediate notification will enable the EAP to prepare to assist the agency in this time of need.

The EAP may participate as a consultant on the incident response team and may consult with managers or supervisors about the impact of the event on the workplace, the employees, and their family members. The EAP may provide advice or guidance to help manage the stress and assist in responding to traumatized employees individually or in groups.

The EAP can act as consultants to management in helping the organization to recover and provide services which will assist in returning employees back to work as quickly as possible. The EAP counselors are trained to facilitate Critical Incident Stress Debriefings, provide grief and trauma counseling, offer coping strategies and can help connect people to important community resources as needed.

Supervisors are encouraged to contact the EAP with concerns about employees and to gain support for themselves as well, as they respond to the on-going demands of this stressful time. The EAP can provide immediate support at 866-750-1327, 24-hours a day, to anyone involved. Arrangements can be made for on-site EAP visits or for individuals to be seen by an EAP counselor. These opportunities for on-going support and response are important to healing and helping return the work environment to normalcy as soon as possible.

# Appendix B – Notification of Next of Kin Checklist

Notification of Next of Kin Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| **Phase 1 Respond** | **Priority** | **Completed by** | **Date/Time** |
| Refer to Emergency Notification Card on file for employee | Phase 1 | Y/N and Print Name |  |
|  |
| **Phase 2 Assess** | **Priority** | **Completed by** | **Date/Time** |
| Select the notification team and have them read “Family Notification Guidelines” | Phase 2 | Y/N and Print Name |  |
|  |
| Determine if “non-traditional” family situation exists | Phase 2 |  |  |
| Determine Cultural or Religious background | Phase 2 |  |  |
| Clearly determine facts and what is not yet verified BEFORE notification | Phase 2 |  |  |
| Establish lead spokesperson (who will talk first) | Phase 2 |  |  |
| Verify address of next of kin | Phase 2 |  |  |
| After next of kin has been notified inform Unit or Area Manager/Line Officer this has been completed | Phase 2 |  |  |

**NOTES:**

# Family Notification Guidelines

**Protocols and Procedures**

**PROCEDURE TIME FRAME: As noted in Checklist**

1. **Determination of who will do the Next of kin Notification:**

The Unit or Area Manager, in conjunction with the Immediate Supervisor, Line Officer, Law Enforcement and Safety Officer will determine who will notify the next of kin, as well as when and how by selecting or contacting a pre-selected Family Liaison and any other appropriate parties.

1. It is preferred that at least two (2) people go together to deliver the notification.
2. It is a good idea to consider taking separate cars in case one person needs to pick up a family member who is not home or perhaps accompany a family member to the hospital.
3. Key information to gather prior to the notification:

- The circumstances surrounding the death or injury (be clear what is fact and what is not verified), information on the survivors, medical status if the employee is injured, where the injured/deceased person is right now.

- Verify the address of the next of kin. Decide ahead of arrival who will speak first.

- If notification must be made at the next of kin’s workplace, ask for a supervisor and a quiet private room to talk with the next of kin.

- If notification is made at the hospital, the same rules apply. Find a quiet, private place for the notification and next of kin’s questions and reactions. Bring Next of Kin Follow-up Worksheet with you. (See below)

1. **It is important to note that not everyone has the skills that are necessary or required to perform this task effectively. If needed, the designated representatives may ask a chaplain or doctor, or a Law Enforcement Officer to accompany them.**
2. As a personal representative of the DNRC, you are expected to be courteous, helpful, and sympathetic toward the next of kin. Personal notification is a delicate task, and your presence is designed to soften the unexpected shock, if possible, and show the agency’s concern for personnel and their families. Each notification will be different, with unique moments and reactions from family members. Your sensitivity and alertness to their needs will assist the agency in maintaining a rapport with the next of kin in their time of grief.
3. The Notification Team may provide the family with a Contact Information Sheet. Take this sheet and a brochure for the Employee Assistance Program with you.
4. Determining Primary Next of Kin, refer to the Emergency Notification Information form that should have been completed by the employee. If not available, determine the primary next of kin. The following order is usually the order to use in notifying the primary next of kin.

- Spouse

- Parents

- Adult children

- Brothers and sisters, to include step-siblings and those acquainted through adoption

- Grandparents

- Persons granted legal custody of the individual by a court decree or statutory provision

- Other relatives in order of relationship to the individual according to civil laws

- If no other persons are available, the county coroner or medical examiner will provide information on who can officially act on the behalf of the deceased.

**The most important issue here is to make absolutely sure that the correct persons are notified.**

**REMEMBER: Family relationships can be very complicated. Fiancés and significant others, whether or not they live with the injured or deceased person, are not legal next of kin. If you are aware of such an individual, ask the primary next of kin if they want to call/visit the significant other.**

**Inability to Locate the Primary Next of Kin**

If the next of kin is not home, contact neighbors, the police department or local postmaster for information on the next of kin’s location (work, out of town, etc.). Take care not to disclose the next of kin’s absence is temporary, you may await their return or go in search of them as appropriate. If the next of kin is out of town and not expected to return shortly, determine their exact location. If it is within reasonable distance, attempt to contact them in person. If not, immediately contact the nearest Line Officer to the next of kin’s physical location, brief him/her and request notification actions.

**Secondary Next of Kin**

If primary next of kin is not available, contact the secondary next of kin as identified on the Emergency Notification Information sheet.

**Conducting the notification**

Notify the next of kin in person, as soon as possible, any time of day or night.

Your visit should be low-profile in the neighborhood. Do not arrive at the family’s house with several vehicles; do not use emergency lights. Turn off radios.

Be neat in appearance and attire. Ensure that at least one team member conducting the notification is in uniform.

**Never make any notification on the doorstop of the house!**

Most families will know something is wrong when they see Agency Representatives at their door. Ask to be admitted into the house, and ask him or her to sit down.

If the family does not know you, identify yourself to the next of kin, e.g. “I am (Family Liaison) and this is (person accompanying you). Confirm the identity of the next of kin, e.g. “Are you Mr. John Smith?” Verbally relate to the next of kin in your own words the information that you have. Always use the victim’s name which they are commonly known by.

Be as natural as possible in speech, manner and method of delivery of notification. Use the word died or killed. Do not down-play with “passed away” or “was lost.”

Be sensitive for any reaction to the notification of death. If there is no other adult member of the family at home and the news produces a shock, the agency representative should offer assistance such as contacting a friend, neighbor, family minister, counselor or offering transport or help with arranging a babysitter. Throughout the ordeal, the representative must be sympathetic and provide support. If minor children are at home, use your best judgment to determine whether they should be told in the presence of the parent/spouse/adult or if they should be asked to leave the room. If the minor children are home without an adult present, **do not make the notification at that time**. Determine the location of the parent/spouse/adult and make the notification at a later time.

As an example, in the case of a death, the next of kin should be provided with the following statement of condolences: For example:

*"The Director of the DNRC has asked me to express his/her regret that your (relationship; husband/wife/son/daughter \_\_[name (most commonly known by)] \_\_\_) died/was killed in (city/state) on (date). (State the circumstances). Our deepest sympathy to you and your family in your tragic loss.”*

The first visit should be brief and in private. The main concern is to answer questions and meet the demands and requests from the next of kin. A private meeting will cut down on the confusion that can occur with too many people in the room.

Offer to call immediate family members, friends, or clergy who are available to come and support the family.

If a Family Liaison is not present, inform the next of kin they will be contacted by an agency Family Liaison within 24 hours to assist them with benefits paperwork and other arrangements.

Verify that all children have been correctly identified.

Leave names and phone numbers for the family to reach you, the chaplain, or the Family Liaison. Make sure they can find you.

In the case of a death, you should solicit help of neighbors, friends, postmaster or police agency having jurisdiction, as appropriate, in locating next of kin who are not at home. If absence is temporary (shopping or visiting), you can wait for his/her return or go in search, depending upon circumstances. If the next of kin is out of town on a visit or vacation, you should ascertain exact location and accomplish the visit if within reasonable geographic distance, or redirect action through normal supervisory channels for further instructions.

If notification is to be made at a work place, ask for a Supervisor. Do not divulge details. Request a quiet room to talk with the next of kin.

If the immediate family is not in the local area, request that the local Forest Service/BLM unit and/or local law enforcement agency with jurisdiction at the family’s residence notify the family in person.

Tell the next of kin where their loved one has been taken, if known. Offer to call the medical examiner to find out the location if that information is not yet known.

Inform the Hospital Liaison when the family is on its way to the hospital.

In the case of a missing person, request cooperation of next of kin in making public only information concerning the missing person’s name, job, social security number and date of birth, or as directed by law enforcement.

**Actions to be avoided**

Do not notify the next of kin by telephone under any circumstances.

Do not call for an appointment prior to visiting the next of kin.

Do not divulge your message except to the person or persons concerned.

Do not touch or handle the next of kin in any manner unless there is extreme shock or fainting, in which case assist next of kin to a chair or couch, or obtain a glass of water and summon medical assistance if considered necessary. If family member has a known medical condition, consider pre-positioning EMS personnel.

Do not hold or display speech notes when approaching residence of next of kin. Likewise, when talking to next of kin, do not continuously refer to any speech or notes.

Do not speak hurriedly, or extend over-sympathetic gestures or manifestations, which might be misconstrued.

Do not discuss entitlements in death cases. (If you are to be the contact person providing additional information regarding benefits, do not discuss entitlements initially, but inform next of kin that you will return later that day/evening/next morning after he/she has regained his/her composure).

Do not discuss or comment on matters you are not informed about or qualified to discuss.

Leave a brochure from the Employee Assistance Program (EAP) and inform the family members of the benefits of this valuable program and that they are eligible to use the program.

Lastly, leave the Contact Information sheet for the family in case they have questions or need additional information. (See sample form in the Resources Section).

**Notifying DNRC Leadership**

The Area Manager will be notified without delay when notification has been accomplished.

Only when the notification has been completed will the name of the casualty be officially released.

It is important to advise the crew when the family has been officially notified, as there may be employees who will want to send their condolences to the family, especially if they were close.

# APPENDIX C - DNRC FUNDING MATRIX – SERIOUS ILLNESS OR INJURY/DEATH

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Transport of Sick/Injured, When in Travel Status** | | **Transport of Deceased Body - When in Travel Status** | | **Funeral/Memorial Attendance by Agency Employees** | | **Honor Guard Representation at funeral or memorial** | | **Honor Watch** | | **Additional Support/Items** |
| **Agency** |  |  |  |  |  |  |  |  |  |  |  |
| **Reference** |  |  |  |  |  |  |  |  |  |  |  |
| **Funding** |  | |  | |  | |  |  |  |  |  |
| **BLM and FS Regular Employees (includes temporaries)** |  |  |  | |  | |  |  |  |  |  |
| **Casual Employees ** |  |  |  | |  | |  |  |  |  |  |
| **Contractors ** |  | |  | |  |  |  |  |  |  |  |
| **Federal Cooperators ** |  | |  | |  | |  |  |  |  |  |
| **State/Other Government Cooperators ** |  | |  | |  |  |  |  |  |  |  |

# APPENDIX D – Employee Emergency Contact Information

**EMERGENCY NOTIFICATION CONTACT INFORMATION**

The information that you provide will be used **ONLY** in the event of your serious injury

or death in the line of duty. Please take the time to fill out fully and accurately because the data will help the agency take care of your family and friends.

**PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Last Name** | **First Name** | **Middle Initial** |
|  |  |  |

|  |
| --- |
| **Home Address** |
|  |

|  |  |  |
| --- | --- | --- |
| **City** | **State** | **Zip Code** |
|  |  |  |

|  |
| --- |
| **Home Phone** |
|  |

**CONTACT INFORMATION**

Family or friends you would like the agency to contact. Please list in the order you want them contacted. If needed, provide additional names on the back of this sheet.

**NOTE: If parents are separated please specify whom to notify first.**

**If the contact is a minor child please indicate the name of the adult to contact.**

|  |
| --- |
| **Name** |
|  |

|  |
| --- |
| **Relationship** |
|  |

|  |
| --- |
| **Home Contact Information** |
| Address: |
| Phone: |

|  |
| --- |
| **Work Contact Information** |
| Name of Employer: |
| Address: |
| Phone: |
| Cell/Pager: |

|  |
| --- |
| **Special Circumstances (such as health conditions or need for an interpreter)** |
|  |
|  |
|  |
| **Name** |
|  |

|  |
| --- |
| **Relationship** |
|  |

|  |
| --- |
| **Home Contact Information** |
| Address: |
| Phone: |

|  |
| --- |
| **Work Contact Information** |
| Name of Employer: |
| Address: |
| Phone: |
| Cell/Pager: |

|  |
| --- |
| **Special Circumstances (such as health conditions or need for an interpreter)** |
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|  |
| --- |
| **Name** |
|  |

|  |
| --- |
| **Relationship** |
|  |

|  |
| --- |
| **Home Contact Information** |
| Address: |
| Phone: |

|  |
| --- |
| **Work Contact Information** |
| Name of Employer: |
| Address: |
| Phone: |
| Cell/Pager: |

|  |
| --- |
| **Special Circumstances (such as health conditions or need for an interpreter)** |
|  |
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|  |
| --- |
| **Name of Dentist Office** |
| Dentist Name: |
| Address: |
| Phone: |

|  |  |
| --- | --- |
| **List names and birth dates of all your children.** | |
| Name: | Date of Birth: |
| Name: | Date of Birth: |
| Name: | Date of Birth: |
| Name: | Date of Birth: |

|  |
| --- |
| **List the agency members you would like to make the notifications (if possible)** |
| Name: |
| Name: |
| Name: |
| Name: |

|  |
| --- |
| **List anyone else you would like to assist with notifications** |
| Name: |
|  |
| Relationship: |
|  |
| **Home Contact Information** |
| Address: |
| Phone: |
| Cell/Pager: |
| **Work Contact Information** |
| Name of Employer: |
| Address: |
| Phone: |
| Cell/Pager: |

**OPTIONAL INFORMATION**

Make sure someone close to you knows this information

|  |
| --- |
| **Religious Preference** |
| Religion: |
| Place of Worship: |
| Address: |

|  |
| --- |
| **Funeral Preferences** |
| Are you a veteran of the U.S. armed Forces? Yes 🞏 No 🞏 |
| If you are entitled to a military funeral, do you wish one? Yes 🞏 No 🞏 |
| Do you wish to have a fire service funeral? Yes 🞏 No 🞏 |

|  |
| --- |
| **Please list the membership in the agency, religious affiliation or community organization that may provide assistance to your family.** |
|  |
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|  |
| --- |
| **Do you have a will?** |
| If yes, where is it located? |

|  |
| --- |
| **Are you a designated organ donor?** |
| If yes, coordination with medical examiner may be necessary. |

|  |  |  |
| --- | --- | --- |
| **Please list any insurance policies you have.** | | |
| Company | Policy Number | Location of Policy |
|  |  |  |
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|  |
| --- |
| **Special Request** |
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**Employee Signature Date**

# APPENDIX E: Accident/Injury/Fatality Notification Flow Chart

**Critical Incident Occurs**

**Dispatch Center**

**Via radio or Phone**

**Unit or Area Duty Officer**

**(W)**

**©**

**Unit Manager/Area FMO/Area Manager**

**Duty Officer FPB**

**DNRC Safety Officer**

**Critical Incident (IC)**

**Division Administrator**

**DNRC Duty Phone**

**Notification Requirements for Accidents/Incidents**

Notification should be timely, based on the seriousness of the incident and public interest. All phone call notifications are required to be followed up with an email narrative of the incident the next business day.

**Occupational injury/illness**

|  |  |  |
| --- | --- | --- |
| EVENT | INITIAL NOTIFICATION REQUIRED | |
| All accidents, with or without minor injury or illness. | Employees Supervisor  Unit Manager  Area Manager  Director’s Office Safety Officer | |
| Accidents resulting in serious injury or illness, including broken bones, eye injuries, poisoning, burns, or chemical contamination. | Employees Supervisor  Unit Manager  Area Manager  Bureau Chiefs or Duty Officer  Director’s Office Safety Officer  Division Administrator or Director’s Office Duty Officer | |
| Accidents resulting in severe injury or illness, requiring hospitalization. | Employees Supervisor  Unit Manager  Area Manager  Bureau Chiefs or Duty Officer  Director’s Office Safety Officer  Division Administrator or Director’s Office Duty Officer | |
| Occupational fatality (or likely death) to DNRC employee or enrollee.  **OR**  One or more private citizens dies (or death likely) on DNRC protected wildland fire or DNRC lands.  **OR**  Five or more employees and/or private citizens are hospitalized. | | Employees Supervisor  Unit Manager  Area Manager  Bureau Chiefs or Duty Officer  Director’s Office Safety Officer  Division Administrator or Director’s Office Duty Officer |

**Aviation related accident**

|  |  |
| --- | --- |
| EVENT | INITIAL NOTIFICATION REQUIRED |
| All agency aircraft accidents are to be reported immediately.  The Aviation staff will make notifications to the NTSB | Unit Manager  Area Manager  FPB Bureau Chief or Duty Officer  Aviation Officer  Director’s Office Safety Officer  Division Administrator or Director’s Office Duty Officer |

**Motor vehicle accident**

|  |  |
| --- | --- |
| EVENT | INITIAL NOTIFICATION REQUIRED |
| All motor vehicle accident involving a government-owned, -leased, or -rented motor vehicle, motorized equipment or ATV (includes private vehicle on official use). | Employees Supervisor  Unit Manager  Area Manager  Bureau Chief or Duty Officer  Aviation Officer  Director’s Office Safety Officer  Division Administrator or Director’s Office Duty Officer |
| Total damage in excess of $1,000 as a result of a motor vehicle accident involving a government-owned, -leased, or -rented motor vehicle, motorized equipment or ATV (includes private vehicle on official use). | Employees Supervisor  Unit Manager  Area Manager  Bureau Chiefs or Duty Officer  Department Safety Officer  Division Administrator or Director’s Office Duty Officer |

**Report of incident to other than employee (visitors)**

|  |  |
| --- | --- |
| EVENT | INITIAL NOTIFICATION REQUIRED |
| Every fatality on DNRC lands  Notification not required for civil air crashes and on easements administered by other jurisdictions (such as federal and state highways) | Employees Supervisor  Unit Manager  Area Manager  Bureau Chiefs or Duty Officer  Director’s Office Safety Officer  Division Administrator or Director’s Office Duty Officer |

Notification should be timely, based on the seriousness of the incident and public interest. All phone call notifications are required to be followed up with an email narrative of the incident the next business day

# APPENDIX F - Agency Reporting Log

**Incident:**  **Location:**

**Employee’s Name:**  **Incident Date:**

**Description of Accident Situation:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Required** | **Office/Official** | **Who**  **Contacted** | **Completion Date** |
|  | **Area Manager** |  |  |
|  | **Area Fire Management Officer or Duty Officer** |  |  |
|  | **Unit/Area Manager or Duty Officer** |  |  |
|  | **Line Officer** |  |  |
|  | **Division Administrator** |  |  |
|  | **Bureau Chief** |  |  |
|  | **Deputy Chief** |  |  |
|  | **FPB Safety Officer** |  |  |
|  | **Director’s Office Duty Officer** |  |  |
|  | **FPB Duty Officer** |  |  |
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**For wildland fire fatalities, entrapments, and burnovers, notify the National Interagency Coordination Center (208-387-5400) within 24 hours. Use NWCG Form PMS 405-1.@** <http://www.nwcg.gov/pms/forms_otr/forms_otr.htm>**.**

## Task Log

|  |  |  |
| --- | --- | --- |
| **Task** | **Remarks** | **Time/Date Completed** |
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# APPENDIX G – Initiation of Benefits

\*\*This list is not all inclusive but is intended to be used as a guide and a starting point for initiation of benefits and support for the surviving spouse and family members of DNRC employees who have died in the line of duty. Many of the same items are required for submission of death benefits for individuals who have died outside the line of duty.

**State Employees Health Benefits**

Website for benefits:  <http://benefits.mt.gov/Medical>   
Email for benefits questions:  [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)   
Benefits phone:  406-444-7462; 800-287-8266; Hearing Impaired TTY: 406-444-1421; fax 406-444-0080  
Address:  100 N. Park St.  Suite 320, P.O. Box 200130, Helena, MT 59620  
[travel insurance](http://www.standard.com/eforms/12092.pdf) information – for traveling abroad – includes emergency transportation services and medical assistance services

**Notes**:

**State Employee's Group Life Insurance**

Life insurance website:  <http://benefits.mt.gov/Life-and-Accident>   
Life insurance contact info:  same as benefits

**Notes**:

**Montana Workers’ Compensation**

First Report of Injury

Workers Compensation has a maximum funeral expense of $4000.00.

**Notes**:

**Public Employees Retirement System**

Public Employees’ Retirement System (PERS) website:  <http://mpera.mt.gov/pers.shtml>   
Phone: (406) 444-3154   
Toll Free: 1-877-ASK-PERB (1-877-275-7372) FAX: (406) 444-5428   
Email: [mpera@mt.gov](mailto:mpera@mt.gov)  
100 N Park Avenue Suite 200   
PO Box 200131   
Helena, MT 59620-0131

**Notes**:

**Social Security Administration**

**Contact the local office for this benefit. All documentation may be completed at the SSA office.**

**Survivor will need to provide certification of relationship to deceased.**

**Survivor will need to provide certified copy of death certificate.**

**Survivor will be advised if additional documents are required dependent upon situation.**

**Notes**:

Requires one quarter of coverage for each calendar year after 1950 or after the calendar year in which covered individual reached age 21, whichever is later for full survivor benefit insurance. Individual must have 6 quarters of coverage earned during the last 13 calendar quarters ending with the quarter in which the death occurred. Survivor Benefit ratio is dependent upon the age of the surviving spouse and eligibility of children. Lump Sum Death Benefit of $255 is payable to the spouse who was living with the deceased at the time of death or to the dependent child entitled to draw Social Security benefits.

**Public Safety Officer's Benefit**

**Death Benefits Questionnaire**

**Claim for Death Benefits Form**

**Detailed Statement of Circumstances**

**Investigation Report**

**Complete Autopsy Report**

**Toxicology Report**

**Certified Copy of Death Certificate**

**Marriage Certificate (s) (as appropriate)**

**Divorce Decree(s) (as appropriate)**

**Birth Certificate(s) (as appropriate)**

**Statements declaring status of children (as appropriate)**

**Note**:

This benefit is calculated based on the date of death of the employee. The benefit after Oct 1 2014 is **$339,310.00** and is adjusted annually based on the CPI. The funds are distributed 50% to surviving spouse and 50% shared equally amongst eligible children. If no children, 100% to surviving spouse. If no surviving spouse, 100% shared equally amongst eligible children. If neither situation is true, benefits will be paid to surviving parent or parents in equal shares.

Individuals found ineligible under this benefit will have the right to request reconsideration of the finding. The claimant will have the opportunity for an oral hearing if in compliance with procedures as directed in the letter of ineligibility.

Eligibility is limited to public safety officers (serves a public agency in an official capacity as a law enforcement officer, firefighter, or member of a public rescue squad or ambulance crew). To be eligible for benefits, the individual's death must result from injuries sustained in the line of duty. It is possible to request an interim payment (not to exceed $3000) be made to the eligible survivor(s) if it is probable that the death is compensable. This benefit is not subject to Federal income tax. It is paid as a lump sum. Recommend that the survivor(s) contact a CPA and/or financial advisor to determine the most advantageous management of these funds.

**Additional Organizations**

**Notes**:

There are many other benefits that may be available through professional organizations. Recommend that the Line Officer make contact with State and Local organizations as appropriate to determine if there may be other entitlements available to the survivors. (i.e. FLEOA, Fraternal Orders, Firefighters Assoc.). Most of the time these organizations will contact the family and we can assist or facilitate in processing the necessary paperwork.

In line of duty deaths, there are frequently memorial services (local, regional, and national). Assisting, providing information, gathering documentation and organizing are services that may also be necessary to reduce the impact upon the surviving family.

Many of the benefit agencies have websites and a lot of information can be found here. Phone contacts are best but sometimes difficult until a case has actually been established, the websites can provide alternative numbers and access to valuable information quickly.

**Survivor’s Benefits Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Eligible for this benefit?** | **Have necessary information?** | **Claim initiated? (Indicate date)** | **Notes** |
| **Social Security** |  |  |  |  |
| **Veteran’s Benefits** |  |  |  |  |
| **COBRA** |  |  |  |  |
| **Health Insurance** |  |  |  |  |
| **Worker’s Compensation** |  |  |  |  |
| **Life Insurance** |  |  |  |  |
| **Retirement (401K, TSP, Pension)** |  |  |  |  |
| **Final Paycheck** |  |  |  |  |
| **Lump Sum Payouts of Annual & Sick** |  |  |  |  |
| **Funeral / Burial Allowance** |  |  |  |  |
| **Public Safety Officer’s Benefits** |  |  |  |  |
| **Public Safety Officer’s Educational Assist.** |  |  |  |  |
| **State Death Benefits** |  |  |  |  |
| **Educational Benefits for Spouse / Children** |  |  |  |  |
| **Fraternal Organizations** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| APPENDIX H - Sample Delegation of Authority | | | | |
|  | | | | |
|  | | | | |
| **File Code:** | 1230/5320 | | **Date:** | August 14, 2006 |
| **Route To:** |  | | | |
|  |  | | | |
| **Subject:** | Delegation of Authority - Payette NF Management of Critical Incident for Krassel Helicopter Crash Resulting in Fatalities | | | |
|  |  | | | |
| **To:** | David Alexander, Incident Commander | | | |
|  | |  | | |

You are hereby delegated as Incident Commander for the Critical Incident Management of a fatal helicopter accident occurring at approximately 1700 hours on August 13, 2006, resulting in the deaths of the contract pilot and three Payette National Forest employees. The helicopter was conducting a mission associated with fire suppression and management when it crashed on the South Fork Salmon River about 18 miles west of Yellow Pine, Idaho.

You are to assume your Incident Commander role at 0700 on August 14, 2006. You are assigned the following tasks:

* Operate under the Incident Management Team organizational structure.
* Provide all logistical and administrative support for the teams conducting the investigation of this accident. These include the National Transportation Safety Board investigative team, and the U.S. Forest Service investigative team.
* Ensure close coordination among and between investigation activities and teams.

Quinn Carver, Krassel District Ranger, and I will be the Agency Representatives for the Krassel Helicopter Crash Critical Incident.

Coordinate all public information with Boyd Hartwig, Payette National Forest Public Affairs Officer, and David Olson, Boise National Forest Public Affairs Officer. Use the Overview of the Payette National Forest Incident Information Process guidelines to implement the public information program. I am currently using Guy Pence as a liaison for myself. Guy can be reached at 208-861-3471.

Pam Krigbaum, Acting Forest Administrative Officer, will be available to address any fiscal questions, needs or concerns, and your employment status.

I will meet with you periodically during this assignment.

|  |  |
| --- | --- |
| */s/ Suzanne C. Rainville* |  |
| SUZANNE C. RAINVILLE |  |
| Forest Supervisor |  |

# APPENDIX I – Family Liaison Worksheet

**EMPLOYEE’S NAME:**

**Immediate Family Members:**

|  |  |
| --- | --- |
| **Name:** | **Relationship to Employee:** |
| **Address:** | |
| **City, State:** | **Zip Code** |
| **Phone #:**  **Cell or Home** | **Notes** |

|  |  |
| --- | --- |
| **Name:** | **Relationship to Employee:** |
| **Address:** | |
| **City, State:** | **Zip Code** |
| **Phone #:**  **Cell or Home** | **Notes** |

|  |  |
| --- | --- |
| **Name:** | **Relationship to Employee:** |
| **Address:** | |
| **City, State:** | **Zip Code** |
| **Phone #:**  **Cell or Home** | **Notes** |

|  |  |
| --- | --- |
| **Name:** | **Relationship to Employee:** |
| **Address:** | |
| **City, State:** | **Zip Code** |
| **Phone #:**  **Cell or Home** | **Notes** |

**Extended Family & Others (grandparents, girlfriend / boyfriend, live-in relatives):**

|  |  |
| --- | --- |
| **Name:** | **Relationship to Employee:** |
| **Address:** | |
| **City, State:** | **Zip Code** |
| **Phone #:**  **Cell or Home** | **Notes** |

|  |  |
| --- | --- |
| **Name:** | **Relationship to Employee:** |
| **Address:** | |
| **City, State:** | **Zip Code** |
| **Phone #:**  **Cell or Home** | **Notes** |

|  |  |
| --- | --- |
| **Name:** | **Relationship to Employee:** |
| **Address:** | |
| **City, State:** | **Zip Code** |
| **Phone #:**  **Cell or Home** | **Notes** |

|  |  |
| --- | --- |
| **Name:** | **Relationship to Employee:** |
| **Address:** | |
| **City, State:** | **Zip Code** |
| **Phone #:**  **Cell or Home** | **Notes** |

|  |  |
| --- | --- |
| **Name:** | **Relationship to Employee:** |
| **Address:** | |
| **City, State:** | **Zip Code** |
| **Phone #:**  **Cell or Home** | **Notes** |

**Background**

**High School Attended:**

|  |  |
| --- | --- |
| **Year Graduated:** | **Name of School:** |
| **City, St:** | |
| **Notes (Honors, special achievements, etc.):** | |

**College / Technical School Attended:**

|  |  |  |
| --- | --- | --- |
| **Year Graduated:** | **Name of School:** | |
| **City, St:** | | |
| **Degree obtained:** | | **Notes (Honors, special achievements, etc.):** |

**Church Affiliation:**

|  |
| --- |
| **Name:** |
| **Address:** |
| **City, St:** |

**Military Experience:**

|  |  |  |
| --- | --- | --- |
| **Branch of Service:** | | |
| **Rank:** | **DD-214 Available? YES NO** | **Job Title:** |
| **Dates of Service:** | | |
| **Notes (special awards, overseas experience):** | | |

**Organizations / Groups Involved (NRA, Rotary, Elk Foundation, etc.):**

|  |
| --- |
| **Notes** |

**DNRC / Government Career:**

|  |  |
| --- | --- |
| **Year Started:** | **Present Position:** |
| **Positions Held (Location, position title, years in position):** | |
| **Notes (special awards, etc.):** | |

**Personal Interests (sports, activities, etc.):**

|  |
| --- |
| **Notes:** |

**Memorial / Funeral Services**

**Location of family members for Memorial / Service:**

|  |  |
| --- | --- |
| **Name:** | **Phone#:** |
| **Location:** | |
| **Name:** | **Phone#:** |
| **Location:** | |
| **Name:** | **Phone#:** |
| **Location:** | |
| **Name:** | **Phone#:** |
| **Location:** | |

**Families in from out of town needing transportation from airport?**

|  |
| --- |
| **Notes (location, airline, cell#, flight #, # in party, etc.):** |

**Viewing / Visitation:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Time:** | **Name of site:** |
| **Address:** | | |
| **City, St:** | | **Phone #:** |
| **Notes:** | | |

**Funeral Service:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time:** | | **Name of site:** | |
| **Address:** | | | | |
| **City, St:** | | | **Phone #:** | |
| **OPEN or CLOSED casket** | | **Family only?**  **YES or NO** | | **Public invited?**  **YES or NO** |
| **#’s of reserved seating for the family** | | **Recipient of flag?** | |  |
| **Does the family have a priest / clergy / pastor to conduct service (name)?** | | | | |
| **Address:** | | | | |
| **City, St.:** | | | **Phone #:** | |
| **Prior to service, there will be music as people enter. Are there any particular music selections that that you would like played? (CD’s, piano, organ, solo, etc.):** | | | | |
| **Notes:** | | | | |

**Memorial Service:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time:** | | **Name of site:** | |
| **Address:** | | | | |
| **City, St:** | | | **Phone #:** | |
|  | | **Family only?**  **YES or NO** | | **Public invited?**  **YES or NO** |
| **#’s of reserved seating for the family** | | **Recipient of flag?** | |  |
| **Does the family have a priest / clergy / pastor to conduct service (name)?** | | | | |
| **Address:** | | | | |
| **City, St.:** | | | **Phone #:** | |
| **Prior to service, there will be music as people enter. Are there any particular music selections that that you would like played? (CD’s, piano, organ, solo, etc.):** | | | | |
| **Notes:** | | | | |

**Other Items:**

**Does the family request flowers?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Church: YES NO** | **Mortuary: YES NO** | | **Cemetery: YES NO** |
| **If no, please deliver to:** | | | |
| **Contact:** | | **Phone#:** | |

**Eulogy:**

|  |
| --- |
| **Name(s) of persons to read:** |

**Program Speakers:**

|  |
| --- |
| **Are there any family members, relatives, or close friends that will be in the program? Any special equipment needed (LCD projector, sound equipment)?** |

**Displays / Memorabilia:**

|  |
| --- |
| **Any memorabilia / pictures, etc. that require a table, or pictures loaded onto a computer for display?** |

**Press:**

|  |
| --- |
| **Photographers / news media / reporters ok at funeral / memorial? YES NO** |

**Pallbearers:**

|  |
| --- |
| **#’s of family, friends, relatives will be pallbearers:** |
| **If none, would family like Honor Guard Detail (CHECK AVAILABILITY FIRST):** |

**Cultural Concerns:**

|  |
| --- |
| **Any special cultural concerns / background issues that we need to be aware of, so that will not conflict with your family wishes? Language barriers or hearing impaired members of the family that we need to be aware of?** |

**Family Medical Concerns:**

|  |
| --- |
| **Any family members with special medical concerns that we should be aware of in advance? (Name & condition):** |

**Reception:**

|  |  |
| --- | --- |
| **Location:** | |
| **Address:** | |
| **City, St.** | **Does the family wish to be involved? YES NO** |
| **Food / refreshments will be provided by:** | |
| **Any family like to help?** | |
| **Notes:** | |

**Trust Fund:**

|  |  |
| --- | --- |
| **Name of Trust Fund:** | |
| **Address:** | |
| **City , St, Zip Code** | |
| **Institution Name Where Fund Is:** | **Phone#:** |

**Donations:**

|  |
| --- |
| **In the name of:** |
| **Address:** |
| **City, State, Zip** |

**Accident Site Visit**

|  |  |  |
| --- | --- | --- |
| **Date of visit:** | **Time:** | **# of persons:** |
| **Contact person(s) / escort:** | | |
| **Site location:** | | |
| **City, St** | | |
| **Special transportation considerations (helicopter, 4x4 vehicle, etc.):** | | |

# APPENDIX J- Sources of Additional Information

This is a partial list of information and/or sites that may be helpful in your respective situation. You are encouraged to become familiar with these sites, obtain these documents, and any others as needed.

* Interagency Incident Business Management Handbook and Supplements ([www.nwcg.gov/pms/pubs/pubs.htm](http://www.nwcg.gov/pms/pubs/pubs.htm))
* [Agency Administrator's Guide to Critical Incident Management](http://www.nwcg.gov/pms/pubs/pms926.doc) (July 2008 )

<http://www.nwcg.gov/pms/pubs/pubs.htm>

* Local Unit Emergency Operating Plans Wildland Firefighter Foundation (Family Liaison and LODD Tool Kit) ([www.wffoundation.org](http://www.wffoundation.org))
* National Fallen Firefighters Foundation (Handling LODD) ([www.firehero.org/](http://www.firehero.org/))
* Department of Justice (Public Safety Officer Benefits Program) ([www.ojp.usdoj.gov/BJA/grant/psob/psob\_main.html](http://www.ojp.usdoj.gov/BJA/grant/psob/psob_main.html))
* Geographic Area Coordination Centers ([www.nifc.gov/nicc/](http://www.nifc.gov/nicc/))
* US Fire Administration ([www.usfa.dhs.gov](http://www.usfa.dhs.gov))
* International Critical Incident Stress Foundation ([www.icisf.org](http://www.icisf.org))
* Interagency Standards for Fire and Fire Aviation Operations (Red Book) <http://www.nifc.gov/policies/pol_ref_redbook_2014.html>
* Accident Investigation Resources

<http://www.nifc.gov/safety/safety_reprtsInvest.html>

* NWCG – Preparedness Branch – Risk Management Committee
* <http://www.nwcg.gov/branches/pre/rmc/index.htm>
* Wildland Fire Fighter Foundation <http://www.wffoundation.org/Index.asp>
* Life Challenge Program <http://lifechallengeprogram.org/>
* Social Security Lump Sum Death Benefit <http://www.ssa.gov/survivors/>
* Public Safety Officers Benefit Program <https://www.psob.gov/index.html>

# APPENDIX K - Key DNRC Leadership Contact Phone Numbers

**Quick Reference Contact List**

|  |  |  |
| --- | --- | --- |
| **MT DNRC FORESTRY DIVISION** | | |
| **Contact** | **Contact Name** | **Phone Numbers** |
| DNRC Critical Incident Phone | Department Duty Officer | 406-444-1430 |
| Fire Protection Bureau Phone | FPB Duty Officer | 406-594-1829 |
| DNRC Director | Amanda Kaster | W -406-444-1948  C –  H - |
| DNRC Deputy Director | Kerry Davant | W – 406-444-4942  C - |
| Division Administrator | Forestry Division Administrator  Sonya Germann | W -406-542-4301  C -  H - |
| Forestry Deputy Administrator | W –  C-  H - |
| Trust Lands Administrator  Shawn Thomas | W –  C-  H - |
| DNRC Area Managers | Eastern Land Office Area Manager  Chris Pileski | W - 406-874-2036  C –  H – |
| Northeastern Land Office Area Manager  Clive Rooney | W -406-535-1904  C -H – |
| Southern Land Office Area Manager  Jeff Bollman | W - 406-247-4401  C –  H – |
| Central Land Office Area Manager  Hoyt Richards | W -406-458-3501  C -  H - |
| Southwestern Land Office Area Manager  Mike O’Herron | W - 406-542-4261  C -  H – |
| Northwestern Land Office Area Manager  Greg Poncin | W – 406-751-2250  C –  H - |
| DNRC Safety Officer | Matt Chambers | W - 406-444-2079  C – 406-461-8313  H - |
| DNRC Public Information Officer | Cassie Wandersee | W -406-444-0465  C –  H- |
| DNRC Human Resources Manager | Christy Stapley | W -406-444-1309  C -  H - |
| DNRC Fire Protection Bureau Chief | Matt Hall | W -406-542-4304  C –  H - |
| DNRC Fire Protection Bureau Deputy Chief | John Monzie | W -406-542-4220  C -  H - |
| DNRC Fire Protection Bureau Training, Safety, Workforce Development Manager | David Hamilton | W -406-542-4255  C -406-431-1948  H - |
| DNRC GNA Bureau Chief | Greg Archie | W – 406-542-4256  C-  H - |
| DNRC Forestry Assistance Bureau Chief | Matt Arno | W – 406-542-4239  C-  H - |
| DNRC Forestry Management Bureau Chief | Dan Rogers | W – 406-542-4302  C-  H - |
| EMPLOYEE ASSISTANCE PROGRAM | [www.MyRBH.com](http://www.MyRBH.com)  ACCESS CODE MONTANA | W – 866-750-0512 |